PLANT SUBMITTAL

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| Bill To: | | Account: | | | | Ā | g Lab | | Cround |
| Name: | | • | | | | 317 | 40 Hwy 10 | | |
| Address: | | | | | | Ple | asanton, NE 68 | | Lab Use Total: |
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| Email: | | | | | | | 4 | | |
| Phone: | | | | | | | Jose / | 13 R. | |
| | | | | | | | Arico de la companya | 2 11 8 | Ø/ |
| LAB | USE | | | | | | | | • |
| 145.4 | TEGT | GROWER | EIELD ID | CAMPLE ID | CDOD TVDE | CTACE | | | |
| LAB# | TEST | *If different from bill to | FIELD ID | SAMPLE ID | CROP TYPE | STAGE | PACKAGES | | |
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| Commen | ts: | | | 1 | List Oths | er Test Here | • | | |
| | | | | LIST OTHE | i rest nere | • | | | |

Questions: 308-293-1605